

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation SUSAN B ANTHONY LIST INC		3. FEC Identification Number C C90011313
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L STREET NW STE 550		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report

☒ 24-Hour Report

☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

6. TOTAL CONTRIBUTIONS	0.00
7. TOTAL INDEPENDENT EXPENDITURES	707.34

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Frank Cannon

Frank Cannon

10/27/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 7
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Kroger		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 264 S. Hollywood Blvd.		Amount 17.16	
City Steubenville	State OH	Zip Code 43952	Transaction ID : F57.6826
Purpose of Expenditure Supplies	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 601065.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Kroger		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 264 S. Hollywood Blvd.		Amount 17.16	
City Steubenville	State OH	Zip Code 43952	Transaction ID : F57.6827
Purpose of Expenditure Supplies	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28448.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Kroger		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 264 S. Hollywood Blvd.		Amount 9.02	
City Steubenville	State OH	Zip Code 43952	Transaction ID : F57.6828
Purpose of Expenditure Supplies	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 601074.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	43.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 7
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Kroger		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 264 S. Hollywood Blvd.		Amount 9.02	
City Steubenville	State OH	Zip Code 43952	
Purpose of Expenditure Supplies		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28457.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Kroger		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 264 S. Hollywood Blvd.		Amount 27.53	
City Steubenville	State OH	Zip Code 43952	
Purpose of Expenditure Supplies		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 601101.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Kroger		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 264 S. Hollywood Blvd.		Amount 27.53	
City Steubenville	State OH	Zip Code 43952	
Purpose of Expenditure Supplies		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28485.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		64.08	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 7
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Mary Novick		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 1707 L Street NW Ste 550		Amount 153.74	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.6822
Purpose of Expenditure Mileage	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 601025.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mary Novick		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 1707 L Street NW Ste 550		Amount 153.74	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.6823
Purpose of Expenditure Mileage	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28408.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mary Novick		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 1707 L Street NW Ste 550		Amount 50.79	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.6834
Purpose of Expenditure Mileage	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 601174.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	358.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 7
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Mary Novick		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 1707 L Street NW Ste 550		Amount 50.79	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.6835
Purpose of Expenditure Mileage	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28557.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Speedway		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2619 Sunset Blvd		Amount 22.88	
City Steubenville	State OH	Zip Code 43952	Transaction ID : F57.6818
Purpose of Expenditure Gas	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 600843.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Speedway		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2619 Sunset Blvd		Amount 22.88	
City Steubenville	State OH	Zip Code 43952	Transaction ID : F57.6819
Purpose of Expenditure Gas	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28227.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		96.55	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 7
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Subway		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 114 S Hollywood Blvd		Amount 22.68	
City Steubenville	State OH	Zip Code 43592	Transaction ID : F57.6824
Purpose of Expenditure Meals	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 601048.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Subway		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 114 S Hollywood Blvd		Amount 22.68	
City Steubenville	State OH	Zip Code 43592	Transaction ID : F57.6825
Purpose of Expenditure Meals	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28431.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Vocelli Pizza		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2600 Sunset Blvd		Amount 27.84	
City Steubenville	State OH	Zip Code 43952	Transaction ID : F57.6820
Purpose of Expenditure Meals	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 600871.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 7
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee Vocelli Pizza		Date MM / DD / YYYY 10 / 26 / 2012	
Mailing Address 2600 Sunset Blvd		Amount 27.84	
City Steubenville	State OH	Zip Code 43952	
Purpose of Expenditure Meals		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28254.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Vocelli Pizza		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 2600 Sunset Blvd		Amount 22.03	
City Steubenville	State OH	Zip Code 43952	
Purpose of Expenditure Meals		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 601123.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Vocelli Pizza		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 2600 Sunset Blvd		Amount 22.03	
City Steubenville	State OH	Zip Code 43952	
Purpose of Expenditure Meals		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28507.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ 71.90			
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶			
(c) TOTAL Independent Expenditures ▶ 707.34 (carry total from last page forward to Line 7)			